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RCFE Specialty Tool: *Incidental Medical and Dental Domain*

The RCFE Specialty Tool for the *Incidental Medical and Dental Domain* provides state licensing requirements in statute and regulations that are related to incidental medical and dental care.

This Specialty Tool is intended to be used during a Comprehensive Visit in situations where non-compliance with incidental medical and dental care related requirements are identified. This Tool can be used by licensees to gauge compliance with requirements.

Requirement		Citation
General		
Plan for Incidental Medical and Dental Care		T-22, §87465(a)(1)-(8)
T-22, §87465(a) A plan for incidental medical and dental care shall be developed by each facility. The plan shall encourage routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following: <ul style="list-style-type: none">(1) The licensee shall arrange, or assist in arranging, for medical and dental care appropriate to the conditions and needs of residents.(2) The licensee shall provide assistance in meeting necessary medical and dental needs. This includes transportation which may be limited to the nearest available medical or dental facility which will meet the resident's need. In providing transportation the licensee shall do so directly or make arrangements for this service.(3) There shall be arrangements for separation and care of residents whose illness requires separation from others.(4) When residents require prosthetic devices, vision and hearing aids, the staff shall be familiar with the use of these devices, and shall assist such persons with their utilization as needed.(5) The licensee shall assist residents with self-administered medications as needed.(6) Facility staff, except those authorized by law, shall not administer injections, but staff designated by the licensee may assist persons with self-administration as needed. Assistance with self-administered medications shall be limited to the following:<ul style="list-style-type: none">(A) Medications usually prescribed for self-administration which have been authorized by the person's physician.(B) Medications during an illness determined by a physician to be temporary and minor.(C) Assistance required because of tremor, failing eyesight and similar conditions.		

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<p>(D) Assistance with self-administration does not include forcing a resident to take medications, hiding or camouflaging medications in other substances without the resident's knowledge and consent, or otherwise infringing upon a resident's right to refuse to take a medication.</p> <p>(7) When requested by the prescribing physician or the Department, a record of dosages of medications which are centrally stored shall be maintained by the facility.</p> <p>(8) There shall be adequate privacy for first aid treatment of minor injuries and for examination by a physician if required.</p>	
<p>Medication Management Program Review</p> <p>H&S §1569.69(g) Residential care facilities for the elderly licensed to provide care for 16 or more persons shall maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility's medication management program and procedures at least twice a year.</p>	<p>H&S §1569.69(g)</p>
<p>Purchasing Medications or Rent/Purchase Medical Supplies</p> <p>H&S §1569.314 A residential care facility for the elderly shall not require residents to purchase medications, or rent or purchase medical supplies or equipment, from any particular pharmacy or other source.</p> <p>This section shall not preclude a residential care facility for the elderly from requiring that residents who need assistance with the purchasing, storing, or taking of medications comply with the facility's policies and procedures regarding storage of medications and methods of assisting residents with the taking of medications, if the policies and procedures are reasonably necessary and meet the intent of state or federal regulations.</p>	<p>H&S §1569.314</p>
<p>Unlicensed Personnel</p> <p>H&S §1569.69(h) Nothing in this section authorizes unlicensed personnel to directly administer medications.</p>	<p>H&S §1569.69(h)</p>
<p>First Aid Kit</p> <p>T-22, §87465. (a)(9) If a facility has no medical unit on the grounds, a complete first aid kit shall be maintained and be readily available in a specific location in the facility. The kit shall be a general type approved by the American Red Cross, or shall contain at least the following:</p> <ul style="list-style-type: none"> (A) A current edition of a first aid manual approved by the American Red Cross, the American Medical Association or a state or federal health agency. (B) Sterile first aid dressings. (C) Bandages or roller bandages. (D) Scissors. (E) Tweezers. (F) Thermometers. 	<p>T-22, §87465(a)(9)</p>

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<p>Emergency Care</p> <p>T-22, §87465 (f) Emergency care requirements shall include the following:</p> <ul style="list-style-type: none"> (1) The name, address, and telephone number of each resident's physician and dentist shall be readily available to that resident, the licensee, and facility staff. (2) The name, address and telephone number of each emergency agency to be called in the event of an emergency, including but not limited to the fire department, crisis center or paramedical unit or medical resource, shall be posted in a location visible to both staff and residents. (3) The name and telephone number of an ambulance service shall be readily available. 	<p>T-22, §87465(f)(1)-(3)</p>
<p>T-22, §87465(g) The licensee shall immediately telephone 9-1-1 if an injury or other circumstance has resulted in an imminent threat to a resident's health including, but not limited to, an apparent life-threatening medical crisis except as specified in Sections 87469(c)(2), (c)(3), or (c)(4).</p>	<p>T-22, §87465(g)</p>
<p>Centrally-Stored Medications</p>	
<p>Requirements</p> <p>T-22, §87465(h) The following requirements shall apply to medications which are centrally stored:</p> <ul style="list-style-type: none"> (1) Medications shall be centrally stored under the following circumstances: <ul style="list-style-type: none"> (A) The preservation of medicines requires refrigeration, if the resident has no private refrigerator. (B) Any medication is determined by the physician to be hazardous if kept in the personal possession of the person for whom it was prescribed. (C) Because of potential dangers related to the medication itself, or due to physical arrangements in the facility and the condition or the habits of other persons in the facility, the medications are determined by either a physician, the administrator, or Department to be a safety hazard to others. (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication. (3) Each container shall carry all of the information specified in (6)(A) through (E) below plus expiration date and number of refills. (4) All centrally stored medications shall be labeled and maintained in compliance with state and federal laws. No persons other than the dispensing pharmacist shall alter a prescription label. (5) Each resident's medication shall be stored in its originally received container. No medications shall be transferred between containers. (6) The licensee shall be responsible for assuring that a record of centrally stored prescription medications for each resident is maintained for at least one year and includes: <ul style="list-style-type: none"> (A) The name of the resident for whom prescribed. (B) The name of the prescribing physician. (C) The drug name, strength and quantity. 	<p>T-22, §87465(h)(1)-(6)</p>

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<p>(D) The date filled.</p> <p>(E) The prescription number and the name of the issuing pharmacy.</p> <p>(F) Instructions, if any, regarding control and custody of the medication.</p>	
<p>Storage Space & Centrally-Stored Medications</p> <p>T-22, §87309(a) Disinfectants, cleaning solutions, poisons, firearms and other items which could pose a danger if readily available to clients shall be stored where inaccessible to clients.</p> <p>(1) Storage areas for poisons, and firearms and other dangerous weapons shall be locked.</p> <p>(2) In lieu of locked storage of firearms, the licensee may use trigger locks or remove the firing pin.</p> <p>(A) Firing pins shall be stored and locked separately from firearms.</p> <p>(3) Ammunition shall be stored and locked separately from firearms.</p> <p>(b) Medicines shall be stored as specified in Section 87465(c) and separately from other items specified in (a) above.</p> <p>(c) The items specified in (a) above shall not be stored in food storage areas or in storage areas used by or for clients.</p>	T-22, §87309(a)-(c)
<p>Record of Centrally-Stored Medications for Residents Receiving Hospice Services</p> <p>T-22, §87633(k) The licensee shall maintain a record of dosages of medications that are centrally stored for each resident receiving hospice services in the facility.</p>	T-22, §87633(k)
Assistance with Self-Administration of Medications	
<p>Plan for Incidental Medical & Dental Care</p> <p>T-22, §87465(a) A plan for incidental medical and dental care shall be developed by each facility. The plan shall encourage routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following:</p> <p>(1) The licensee shall arrange, or assist in arranging, for medical and dental care appropriate to the conditions and needs of residents.</p> <p>(2) The licensee shall provide assistance in meeting necessary medical and dental needs. This includes transportation which may be limited to the nearest available medical or dental facility which will meet the resident's need. In providing transportation the licensee shall do so directly or make arrangements for this service.</p> <p>(3) There shall be arrangements for separation and care of residents whose illness requires separation from others.</p> <p>(4) When residents require prosthetic devices, vision and hearing aids, the staff shall be familiar with the use of these devices, and shall assist such persons with their utilization as needed.</p> <p>(5) The licensee shall assist residents with self-administered medications as needed.</p> <p>(6) Facility staff, except those authorized by law, shall not administer injections, but staff designated by the licensee may assist persons with self-administration as needed. Assistance with self-administered medications shall be limited to the following:</p> <p>(A) Medications usually prescribed for self-administration which have been authorized by the person's physician.</p>	T-22, §87465(a)(1)-(9)

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<p>(B) Medications during an illness determined by a physician to be temporary and minor.</p> <p>(C) Assistance required because of tremor, failing eyesight and similar conditions.</p> <p>(D) Assistance with self-administration does not include forcing a resident to take medications, hiding or camouflaging medications in other substances without the resident's knowledge and consent, or otherwise infringing upon a resident's right to refuse to take a medication.</p> <p>(7) When requested by the prescribing physician or the Department, a record of dosages of medications which are centrally stored shall be maintained by the facility.</p> <p>(8) There shall be adequate privacy for first aid treatment of minor injuries and for examination by a physician if required.</p> <p>(9) If a facility has no medical unit on the grounds, a complete first aid kit shall be maintained and be readily available in a specific location in the facility. The kit shall be a general type approved by the American Red Cross, or shall contain at least the following:</p> <p>(A) A current edition of a first aid manual approved by the American Red Cross, the American Medical Association or a state or federal health agency.</p> <p>(B) Sterile first aid dressings.</p> <p>(C) Bandages or roller bandages.</p> <p>(D) Scissors.</p> <p>(E) Tweezers.</p> <p>(F) Thermometers.</p>	
<p>Plan for Incidental Medical & Dental Care – Resident’s Ability to Determine/Communicate Need for PRN Medication</p> <p>T-22, §87465(b) If the resident's physician has stated in writing that the resident is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the resident with self-administration of his/her PRN medication.</p> <p>(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met:</p> <p>(1) There is written direction from a physician, on a prescription blank, specifying the name of the resident, the name of the medication, all of the information specified in Section 87465(e), instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication of when the physician should be contacted for a medication reevaluation.</p> <p>(2) Once ordered by the physician the medication is given according to the physician's directions.</p> <p>(3) A record of each dose is maintained in the resident's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the resident's response.</p>	<p>T-22, §87465(b)-(e)</p>

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<p>(d) If the resident is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the resident with self-administration, provided all of the following requirements are met:</p> <ul style="list-style-type: none"> (1) Facility staff shall contact the resident's physician prior to each dose, describe the resident's symptoms, and receive direction to assist the resident in self-administration of that dose of medication. (2) The date and time of each contact with the physician, and the physician's directions, shall be documented and maintained in the resident's facility record. (3) The date and time the PRN medication was taken, the dosage taken, and the resident's response shall be documented and maintained in the resident's facility record. <p>(e) For every prescription and nonprescription PRN medication for which the licensee provides assistance there shall be a signed, dated written order from a physician on a prescription blank, maintained in the resident's file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information.</p> <ul style="list-style-type: none"> (1) The specific symptoms which indicate the need for the use of the medication. (2) The exact dosage. (3) The minimum number of hours between doses. (4) The maximum number of doses allowed in each 24-hour period. 	
<p>Primary Responsibility for Assisting Residents with Self-Administration of Medications</p> <p>T-22, §87465(j) In all facilities licensed for sixteen (16) persons or more, one or more employees shall be designated as having primary responsibility for assuring that each resident receives needed first aid and needed emergency medical services and for assisting residents as needed with self-administration of medications. The names of the staff employees so responsible and the designated procedures shall be documented and made known to all residents and staff.</p>	<p>T-22, §87465(j)</p>
<p>Acceptance Criteria</p>	
<p>Persons who may be Accepted or Retained in Facility</p> <p>T-22, §87455(a) Acceptance or retention of residents by a facility shall be in accordance with the criteria specified in this article 8 and Section 87605, Health and Safety Protection, and the following.</p> <p>(b) The following persons may be accepted or retained in the facility:</p> <ul style="list-style-type: none"> (1) Persons capable of administering their own medications. (2) Persons receiving medical care and treatment outside the facility or who are receiving needed medical care from a visiting nurse. (3) Persons who because of forgetfulness or physical limitations need only be reminded or to be assisted to take medication usually prescribed for self-administration. (4) Persons with problems including, but not limited to, forgetfulness, wandering, confusion, irritability, and inability to manage money. (5) Persons with mild temporary emotional disturbance resulting from personal loss or change in living arrangement. 	<p>T-22, §87455(a)-(d)</p>

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<p>(6) Persons who are bedridden provided the requirements of Section 87606 are met.</p> <p>(7) Persons who are under 60 years of age whose needs are compatible with other residents in care, if they require the same amount of care and supervision as do the other residents in the facility.</p> <p>(8) Persons who have been diagnosed as terminally ill and who have obtained the services of hospice, certified in accordance with federal medicare conditions of participation and licensure, provided the licensee has obtained a facility hospice care waiver in accordance with the provisions of Section 87632, Hospice Care Waiver, and hospice care is being provided in accordance with the provisions of Section 87633, Hospice Care for Terminally Ill Residents.</p> <p>(c) No resident shall be accepted or retained if any of the following apply:</p> <p>(1) The resident has active communicable tuberculosis.</p> <p>(2) The resident requires 24-hour, skilled nursing or intermediate care as specified in Health and Safety Code Sections 1569.72(a) and (a)(1).</p> <p>(3) The resident's primary need for care and supervision results from either:</p> <p>(A) An ongoing behavior, caused by a mental disorder, that would upset the general resident group; or</p> <p>(B) Dementia, unless the requirements of Section 87705, Care of Persons with Dementia, are met.</p> <p>(d) A resident suspected of having a contagious or infectious disease shall be isolated, and a physician contacted to determine suitability of the resident's retention in the facility.</p>	
<p>Residents with Diabetes</p> <p>T-22, §87628(a) The licensee shall be permitted to accept or retain a resident who has diabetes if the resident is able to perform his/her own glucose testing with blood or urine specimens, and is able to administer his/her own medication including medication administered orally or through injection, or has it administered by an appropriately skilled professional.</p> <p>(b) In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensee shall be responsible for the following:</p> <p>(1) Assisting residents with self-administered medication as specified in Section 87465, Incidental Medical and Dental Care Services.</p> <p>(2) Ensuring that sufficient amounts of medicines, testing equipment, syringes, needles and other supplies are maintained and stored in the facility as specified in Section 87465(c).</p> <p>(3) Ensuring that syringes and needles are disposed of as specified in Section 87303(f)(2).</p> <p>(4) Providing modified diets as prescribed by a resident's physician as specified in Section 87555(b)(7).</p>	
<p>Resident Receiving Hospice Services – Record of Centrally-Stored Medications</p> <p>T-22, §87633(k) The licensee shall maintain a record of dosages of medications that are centrally stored for each resident receiving hospice services in the facility.</p>	<p>T-22, §87633(k)</p>
<p>Medication Disposal</p>	

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Resident Receiving Hospice Services - Medications no Longer Needed T-22, §87633(i) Prescription medications no longer needed shall be disposed of in accordance with Section 87465(i).	T-22, §87633(i)
Termination of Services T-22, §87465(i) Prescription medications which are not taken with the resident upon termination of services, not returned to the issuing pharmacy, nor retained in the facility as ordered by the resident's physician and documented in the resident's record nor disposed of according to the hospice's established procedures or which are otherwise to be disposed of shall be destroyed in the facility by the facility administrator and one other adult who is not a resident. Both shall sign a record, to be retained for at least three years, which lists the following: <ul style="list-style-type: none">(1) Name of the resident.(2) The prescription number and the name of the pharmacy.(3) The drug name, strength and quantity destroyed.(4) The date of destruction.	T-22, §87465(i)(1)-(4)